

STATE OF WASHINGTON

DEPARTMENT OF FINANCIAL INSTITUTIONS

DIVISION OF CONSUMER SERVICES

P.O. Box 41200 ◆ Olympia, Washington 98504-1200
Telephone (360) 902-8703 ◆ TDD (360) 664-8126 ◆ FAX (360) 664-2258 ◆ http://www.dfi.wa.gov

MORTGAGE BROKER BRANCH AMENDMENT

FORM MU3 UNIFORM MORTGAGE BRANCH OFFICE APPLICATION JURISDICTION-SPECIFIC REQUIREMENTS FOR WASHINGTON STATE

Use the "A column" on the *form MU3* to notify DFI of changes or updates to any information originally submitted when you applied for your existing WA Mortgage Broker Branch office license. Amendments reported on the *form MU3* only apply to the branch office (use the *form MU1* to report company-wide changes). Along with the *form MU3*, send the following to the WA Department of Financial Institutions (DFI). Documents and forms referenced by *italics* below are available from our website at http://www.dfi.wa.gov/cs/mortgage.htm for your convenience.

- 1. FEE Amendments: no fee required
- 2. FINANCIAL RESPONSIBILITY Contact your bonding agent to obtain a rider to your existing surety bond changing the physical address, legal name, or trade name ("dba") as appropriate. Send the original signed and sealed rider with attached power of attorney (if any) to DFI.
- 3. WA STATE PRE-REQUISITE LICENSE(S) Remember to notify other WA agencies of your change(s). Contact the Washington State Department of Licensing (DOL) at (360)902-3600 or online at www.dol.wa.gov to update the trade name (dba) or address on your branch Washington State Master Business License which will display your Unified Business Identifier (UBI) number. A copy of this document is **not** required with your application package. DFI will verify information directly with DOL.
- 4. TRUST ACCOUNTING Update your certificate (*not required for address changes*): If this branch office does maintain a separate Trust Account, complete an updated *Certificate of Compliance and Authorization to Examine Trust Accounts* form with the new branch trade name and notarized bank representative signature.
- 5. SURRENDER ORIGINAL LICENSE Keep a copy, but send the old original license to DFI for replacement.
- 6. STILL NEED HELP? Contact DFI's Division of Consumer Services licensing staff by phone at 360-902-8756 or send your questions via e-mail to DCS@dfi.wa.gov for additional assistance.
- 7. DELIVERY Keep copies of everything, and send original Form MU3 and all attachments to:

Via US Postal Service
Dept of Financial Institutions
Division of Consumer Services

PO Box 41200

Olympia WA 98504-1200

Via other couriers (eg: FedEx, UPS, etc)
Dept of Financial Institutions
Division of Consumer Services
150 Israel Rd SW
Tumwater WA 98501

| FORM MU3 (Branch) | | UNIFO | - | MORTGAGE BROKER | | | | | |
|---|--|---|---|---|--|------------------------------------|------------------------------|--|--|
| | | Applicant full legal | name: | | MORTGAGE LENDER | | | | |
| Date of Filing: | | | | | | | MORTGAGE SERVICER | | |
| WA | books and r | ecords or otherwise | to comply with the pr | rovisior | mentary information on a tin ns of law pertaining to the co esult in disciplinary, adminis | onduct of bu | | | |
| 1. | NEW BRANCH AF | PPLICATION 🗌 | SURRENDER [| | AMENDMENT Com | plete only th | e item(s) being amended. | | |
| 2. | Physical address (N | Number and Street) /Country, Zip+4/Postal | <u>2a.</u> | NEW Physical address (Number and Street) NEW Physical City, State/Country, Zip+4/Postal Code | | | | | |
| 3. | Mailing address or P.O. Box (if applicable) | | | | NEW Hysiodi Oxy, State | , Country, Zip | 14/1 Octob Octob | | |
| | | | | | NEW Mailing address or I | r P.O. Box (if applicable) | | | |
| | Mailing address City, State/Country, Zip+4/Postal Code | | | 4a. | NEW Mailing address City | y, State/Coun | try, Zip+4/Postal Code | | |
| 4. | Business (Area Cod | de) and Telephone Nur | mber | та. | NEW Business (Area Cod | de) and Telep | hone Number | | |
| | Fax (Area Code) an | d Number | | | NEW Fax (Area Code) an | nd Number | | | |
| | Branch e-mail | | | | NEW Branch e-mail | | | | |
| Branch website | | | | <mark>5a.</mark> | NEW Branch website | | | | |
| 5. | | | | | NEW C. L | 1 | · | | |
| Trade name or "dba" use | | a" used at this branch | | <mark>6a.</mark> | NEW Trade name or "dba" | used at this bra | nch | | |
| | Branch Manager Name | | | | NEW Branch Manager Name | | | | |
| Supervisor Name | | | | NEW Supervisor Name | | | | | |
| forr con and | <mark>m on behalf of, and wit</mark> Itained herein, includin | h the authority of, sa ig exhibits attached l rsigned and <i>applicar</i> | nid <i>applicant.</i> The un nereto, and other info of further represent th | dersigi rmatio | | that the info | | | |
| Subscribed & Sworn before me | | | | authorized party ry Public name | by Print author | Title Print authorized party name | | | |
| Notary seal here | | on this | day of Month | Year | | at State | County | | |
| Notary Public Signature This execution must always be completed in full with original, | | | | nuol oi: | another and noterination. Affi | | ntment Expires (MM/DD/YYYY) | | |
| | rms execution must all | ways be completed in | ı ıulı witti originai, mai | ıuai SiÇ | mature and notarization. Affi | x notary star | np or sear where applicable. | | |

| | for specific r | ecords re | etention requir | ements. | | | | | | | |
|---|--|--|-----------------|--|--|--------------|-----------------------|-----------------|---------------|----------------------|----|
| | Organization Na | Name (if different from applicant) or Reco | | | ords Custodian Name Area Co | | Code Telephone Number | | r | | |
| | Number and St | ad Otract | | | City | | State Cou | State Country 2 | | odo | |
| 8 | Number and Street Enter appropriate number in the box(es) for | | | | City each <i>jurisdiction</i> by loca | State Cou | iriuy | Zip+4/Postal Co | oue | | |
| | Enter "1" if applicant is newly applying in that jurisdiction as a mortgage branch office. Enter "2" if applicant has a pending application in that jurisdiction as a mortgage branch office. | | | | | | | | | | |
| Enter "3" if applicant is already licensed/registered in that jurisdiction as a mortgage branch office. | | | | | | | | | | | |
| Alabama G | | Georgia | | Maryland | N | lew Mexico | | South Dakota | | | |
| Alaska | | | Guam | | Massachusetts | ١ | New York | | Tennessee | | |
| Arizona | | | Hawaii | | Michigan | | North Carolina | | Texas – OCCC | | |
| Arkansas | | | Idaho | | Minnesota | N | North Dakota | | Texas – SML | | |
| California – DOC | | | Illinois | | Mississippi | C | Ohio | | Utah | | |
| California – DRE | | | Indiana | | Missouri | | Oklahoma | | Vermont | | |
| | | Iowa | | Montana | | Oregon | | Virginia | | | |
| | ecticut | | Kansas | | Nebraska | | Pennsylvania | | Washington | | |
| Delaware | | | Kentucky | | Nevada | | Puerto Rico | | West Virginia | | |
| | trict of Columbia Louisiana | | | New Hampshire | | Rhode Island | | Wisconsin | | | |
| Florid | | | duala at t | New Jersey | South Carolina | | roomant or | Wyoming | YES | NO | |
| 9. | Will this branch office and/or individuals at this branch office operate pursuant to a written agreement or contract we the applicant's main office? If "yes" provide a copy(ies) of the agreement(s)/contract(s). | | | | | | | contract with | | | |
| 10. | | | | or decisions relating to individuals originating or soliciting mortgage loans: | | | | ge loans: | YES | NO | |
| | (a) with respect to employment?(b) with respect to compensation? | | | | | | | | | | |
| 11. | Does any <i>per</i> | pes any <i>person</i> , other than the <i>applicant</i> , have responsibility, directly or indirectly, for paying the expenses of this | | | | | | | es of this | YES | NO |
| | branch office or otherwise have a financial interest in this branch office or its activities? | | | | | | | | | | |
| | (a) If yes, provide an explanation of the expense payment and/or financial interest arrangement: | | | | | | | | | | |
| (b) If yes, provide the following inform | | | informat | | | | | G | 1 | | |
| FULL LEGAL NAME (Individuals: Last Name, First Name, Middle | | | dle | Address, City, ST, Zip | | * | | or Employer ID | | Separately Licensed? | |
| Name) | | | | | | | | | YES | NO | |
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